

**Summer Food Service Program (SFSP) Workshops  
Fiscal Year 2007-2008**

Workshop Type	Date and Time	Description of SFSP Workshop	Tentative (Subject to Change) ICN Site Locations
SFSP General Information Workshop	February 13, 2008 9:00 AM – 1:00 PM	Informational meeting on SFSP requirements for new organizations wanting to be an SFSP sponsor. Prior sponsors may attend.	Des Moines (Grimes Bldg.) and several ICN sites around the state (Central, NW, SW, SE, and NE)
SFSP Application Submission Assistance Workshop	March 12, 2008 9:00 AM – 1:00 PM	Informational meeting for new sponsors on SFSP application procedures on the web. Prior sponsors may attend.	Des Moines (Grimes Bldg.) and several ICN sites around the state (Central, NW, SW, SE, and NE)
SFSP Required Sponsor Training Workshop	April 30, 2008 9:00 AM – 10:30 AM (for New Sponsors)  10:30 AM – 1:00 PM (for All Sponsors)	Required annual training for 2008 SFSP sponsors. Attendance is mandatory before program participation begins. Nutrition Education Component.	Des Moines (Grimes Bldg.) and several ICN sites around the state (Central, NW, SW, SE, and NE)

**Instructions:**

Return your completed registration form to the address below as soon as possible or at least twenty (20) days prior to the workshop. A confirmation letter including the ICN site address and directions will be mailed to you 7 to 10 days prior to the workshop. An ICN site will be cancelled if no one has registered 8 days prior to the workshop. Please indicate preferred workshop area of state and attending personnel for each workshop. You may attend more than one type of workshop. Copy as needed for SFSP workshop registrations later in the year or you may also register for all workshops on this form.

Janelle will send applicable workshop information to you after you submit your completed registration form.

SFSP Agreement Number (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Director's Name \_\_\_\_\_  
 Organization Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

<u>Workshop Type</u>	<u>Location</u>	<u>Date</u>	<u>Person(s) Attending</u>
SFSP General Information	_____	_____	_____ _____ _____
SFSP Application Submission Assistance	_____	_____	_____ _____ _____
SFSP Required Sponsor Training Workshop	_____	_____	_____ _____ _____

**Please list specific questions you have related to the topic of the workshop you are attending:**

**Return the completed registration form to:**

Janelle Loney  
 Bureau of Nutrition, Health and Transportation Services  
 Grimes State Office Building  
 400 E 14<sup>th</sup> St  
 Des Moines, IA 50319-0146

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